

**Office of the Attorney General**  
**Charitable Trusts Unit**  
**33 Capitol Street, Concord, NH 03301-6397**  
**603-271-3591**  
<http://doj.nh.gov/charitable/index.html>

**COMMUNITY BENEFITS PLAN -**  
**CRITERIA FOR EXEMPTION**  
**PURSUANT TO RSA 7:32-j**

*"those health care charitable trusts for which compliance would be a financial or administrative burden, according to criteria established and administered by the director of charitable trusts, may request an exemption from the provisions of this subdivision. An exemption, if granted, shall be valid for 3 years from the date of issuance unless it is revoked by the director of charitable trusts and written notice of such revocation is provided to the health care charitable trust."*

**CRITERIA**

(1) If the health care charitable trust serves a specifically defined and very limited segment of the population and provides no health care services to the community at large or to individuals not defined in its mission statement, an exemption will be granted by the director of charitable trusts upon receipt of this application and supporting documentation.

Example: The St. Anywhere Nursing Home provides services to retired Catholic priests exclusively and does not provide services to anyone not meeting that criteria.

(2) If the health care charitable trust meets the financial threshold of a \$1,000,000 fund balance in the year 2000 or a \$100,000 fund balance after January 1, 2001, and seeks an exemption under the "financial burden" test it must prove (1) that its financial resources would be negatively impacted in complying with the community benefits law and (2) that it is not possible to enter into a collaboration with other health care charitable trust(s) for purposes of conducting the community needs assessment and preparation of the community benefits plan.

(3) If the health care charitable trust seeks an exemption under the "administrative burden" test it must prove (1) that it does not have sufficient paid staff, volunteers, or other resources available to prepare the community benefits plan; (2) that it does not have sufficient financial resources available to engage the services of an outside entity for purposes of preparing the community benefits plan; and (3) that it is not possible to enter into a collaboration with other health care charitable trust(s) for purposes of conducting a community needs assessment and preparation of the community benefits plan.

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33 Capitol Street, Concord, NH 03301-6397  
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www.state.nh.us/nhdoj/CHARITABLE/char.html

**COMMUNITY BENEFITS PLAN -  
APPLICATION FOR EXEMPTION  
PURSUANT TO RSA 7:32-j**

**FOR FISCAL YEAR BEGINNING \_\_\_\_\_**

\_\_\_\_\_  
**Organization Name**

\_\_\_\_\_  
**Federal Tax ID Number**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**State Registration Number**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**This application has three parts, complete only those part(s) which apply to your request for exemption.**

**PART I - APPLICATION FOR EXEMPTION PERTAINING TO LIMITED  
MISSION**

(1) Please explain in detail the specific and limited segment of the population which your organization serves. Attach additional pages if necessary.

(2) Attach a copy of your Mission Statement, Articles of Agreement and By-Laws or other instrument of creation.

(3) Attach a list of the names and addresses of the officers and directors of the organization. Please specify the contact person and include his/her telephone number.

(4) Does your organization accept any individual(s) not meeting the criteria listed in response to question (1)?      Yes \_\_\_\_\_      No \_\_\_\_\_

If the answer is Yes, please explain the circumstances under which you accept these individuals.

(5) Does your organization provide any health care services?

Yes \_\_\_\_\_      No \_\_\_\_\_

If the answer is Yes, please explain the type of health care services provided.

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**PART II - APPLICATION FOR EXEMPTION BASED ON FINANCIAL BURDEN**

- (1) Attach a copy of your Mission Statement, Articles of Agreement and By-Laws or other instrument of creation.
- (2) Attach a list of the names and addresses of the officers and directors of the organization. Please specify the contact person and include his/her telephone number.
- (3) Attach a copy of your form 990, audited financial statement, or other financial report for your most recent accounting period.
- (4) Please explain why complying with the provisions of the community benefits law would result in a negative financial burden for your organization. Be specific. Please feel free to attach additional pages.

(5) Please explain why it is not possible for your organization to collaborate with other health care charitable trust(s) in conducting the community needs assessment and in preparing the community benefits plan. Be specific. Please feel free to attach additional pages.

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**PART III - APPLICATION FOR EXEMPTION BASED ON ADMINISTRATIVE BURDEN**

(1) Attach a copy of your Mission Statement, Articles of Agreement and By-Laws or other instrument of creation.

(2) Attach a list of the names and addresses of the officers and directors of the organization. Please specify the contact person and include his/her telephone number.

(3) Attach a copy of your form 990, audited financial statement, or other financial report for your most recent accounting period.

(4) Attach a copy of your organizational chart showing all paid positions, whether full or part-time; provide the average number of volunteer hours given to your organization on an annual basis and a summary of the duties performed by these volunteers.

(6) Please explain why complying with the provisions of the community benefits law would result in an administrative burden for your organization. Be specific. Please feel free to attach additional pages.

(7) Please explain why it is not possible for your organization to collaborate with other health care charitable trust(s) in conducting the community needs assessment and in preparing the community benefits plan. Be specific. Please feel free to attach additional pages.

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**CERTIFICATION**  
**(MUST BE SIGNED REGARDLESS OF WHICH CATEGORY OF EXEMPTION  
YOU ARE SEEKING)**

I hereby certify that the foregoing information is true to the best of my knowledge and belief.

DATE: \_\_\_\_\_  
\_\_\_\_\_  
President or Treasurer

This form must be submitted to the Department of the Attorney General, Charitable Trusts Unit, 33 Capitol Street, Concord, NH 03301-6397.

**For Office Use Only**

**DEPARTMENT OF ATTORNEY GENERAL**  
**CHARITABLE TRUSTS DIVISION**

The foregoing request for exemption from the provisions of the community benefits law is hereby GRANTED/DENIED.

Reason for Denial:

DATE: \_\_\_\_\_  
\_\_\_\_\_  
Director of Charitable Trusts

150946 (10/00)